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Public Health Committee

HB 5384 - An Act Concerning Reports of Nurse Staffing Levels

Senator Gerratana, Representative Johnson and members of the Public Health Committee:

I am Joanne Chapin, a staff nurse in Ambulatory Surgery at New Milford Hospital, President of the New Milford Hospital RNs and Jurisdictional Vice President for Healthcare for AFT Connecticut. AFT Connecticut represents close to 29,000 professionals across the state, including 7,000 healthcare professionals in nine acute care hospitals and the UCONN Health Center. My positions give me a chance to see healthcare in Connecticut from all different levels, from the perspective of still being a bedside nurse to receiving monthly reports from our members working in schools, VNAs and hospitals throughout the state.

In 2009 the Public Health Committee agreed with the importance of having safe nurse staffing levels in Connecticut's acute care hospitals. It required the hospitals to make available, upon request, a certified report that their prospective nurse staffing plans were adequate and appropriate for the delivery of patient care.

For the past five years we have been working under these guidelines, and we have found that they have become just that, guidelines. In the institutions that are following the statute, the staffing effectiveness committees are weak and are discussing plans that they had no part in developing. At Western Connecticut Healthcare, we are using "Premier Staffing," a program that was instituted from the top, totally ignoring the charge of the staffing effectiveness committees set up by statute to "promote collaborative practice in the hospital that enhances patient care and the level of services provided by nurses and other members of the hospitals patient care team."

Even Premier Staffing is not a staffing plan, but a guideline that changes our nursing ratios from day to day and shift to shift. Nursing assignments can vary wildly but still be considered within

the “guidelines”. There is no apparent rationale to these fluctuations, and it would be difficult for the hospital to submit a plan that would be reflective of the true staffing levels. For the nurse at the bedside the statue has made little difference.

The lack of public reporting has given the hospitals little incentive to stick to a plan that provides safe staffing levels. Staffing levels in Connecticut remain as much of an industry secret as they were a decade ago leaving the public in the dark when it comes to choosing a hospital for themselves and their loved ones.

What is needed is public reporting of the true staffing levels to the Department of Public Health with this information posted on the DPH and the individual hospitals websites. This information should be easy for the public to locate and for the Department of Public Health to verify. This can be accomplished with no extra burdens to the institutions because the information is already available to them and could easily be passed on to DPH and posted.

Please support HB 5384. Thank you.

Joanne Chapin, RN